

From: Dave Larsen <dlarsen@reiengineering.com>
Sent: Thursday, October 24, 2019 1:43 PM
To: Stoltz, Carrie R - DNR
Subject: Tower Standard - abandonment forms
Attachments: Abandonment forms.pdf; REI_20191024_134349.pdf

Carrie, well abandonment forms for the six wells we were able to abandon on Tuesday. I also provided copies of the original well construction forms for your reference.

Thank you,
David N. Larsen P.G.
Senior Hydrogeologist / Professional Geologist



Connect with us :   

Confidentiality Notice: This message is intended for the recipient only. If you have received this e-mail in error please disregard.

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information **2. Facility / Owner Information**

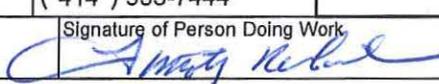
County Vilas		WI Unique Well # of Removed Well MW18		Hicap #		Facility Name Tower Standard	
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 SE 1/4 SW or Gov't Lot #		Section 30		Township 40 N		Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address 14627 State Highway 70 West				Present Well Owner Tower Standard			
Well City, Village or Town Lac du Flambeau				Well ZIP Code 54538			
Subdivision Name				Lot #		Mailing Address of Present Owner 14267 State Highway 70 West	
Reason for Removal from Service Completed Investigation				WI Unique Well # of Replacement Well			
City of Present Owner Lac du Flambeau				State WI		ZIP Code 54538	

3. Filled & Sealed Well / Drillhole / Borehole Information **4. Pump, Liner, Screen, Casing & Sealing Material**

<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 11-3-15		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> Borehole / Drillhole				Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____				Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Total Well Depth From Ground Surface (ft.) 17.41		Casing Diameter (in.) 2.07		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Lower Drillhole Diameter (in.) 8.25		Casing Depth (ft.) 7.41		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
If yes, to what depth (feet)?				Depth to Water (feet) 9.16		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Required Method of Placing Sealing Material				<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped			
				<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
Sealing Materials				<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete			
				<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips			
For Monitoring Wells and Monitoring Well Boreholes Only:				<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout			
				<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Chips	Surface	17.41	0.5 sack	

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Gestra Engineering, Inc		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 10-22-19	Date Received	Noted By
Street or Route 191 W Edgerton Ave			Telephone Number (414) 933-7444	Comments	
City Milwaukee	State WI	ZIP Code 53207	Signature of Person Doing Work 	Date Signed 11/24/19	

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:

- Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information

County Vilas		WI Unique Well # of Removed Well MW19	Hicap #
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 SE	1/4 SW	Section 30	Township 40 N
or Gov't Lot #		Range 05	<input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well Street Address 14627 State Highway 70 West			
Well City, Village or Town Lac du Flambeau		Well ZIP Code 54538	
Subdivision Name		Lot #	

2. Facility / Owner Information

Facility Name Tower Standard		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner Tower Standard		
Present Well Owner Tower Standard		
Mailing Address of Present Owner 14267 State Highway 70 West		
City of Present Owner Lac du Flambeau	State WI	ZIP Code 54538

Reason for Removal from Service Completed Investigation	WI Unique Well # of Replacement Well
---	--------------------------------------

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 11-3-15
<input type="checkbox"/> Water Well	
<input type="checkbox"/> Borehole / Drillhole	
If a Well Construction Report is available, please attach.	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) 16.54	Casing Diameter (in.) 2.07
Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 6.54
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet) 8.23

4. Pump, Liner, Screen, Casing & Sealing Material

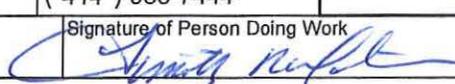
Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Casing left in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Required Method of Placing Sealing Material	
<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped
<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain): _____
Sealing Materials	
<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Concrete
<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input type="checkbox"/> Bentonite Chips
For Monitoring Wells and Monitoring Well Boreholes Only:	
<input checked="" type="checkbox"/> Bentonite Chips	<input type="checkbox"/> Bentonite - Cement Grout
<input type="checkbox"/> Granular Bentonite	<input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole

	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Chips	Surface	16.54	0.5 sack	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Gestra Engineering, Inc			License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 10-22-19	DNR Use Only	
Street or Route 191 W Edgerton Ave			Telephone Number (414) 933-7444	Date Received	Noted By	
City Milwaukee	State WI	ZIP Code 53207	Signature of Person Doing Work 		Date Signed 10/24/19	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information **2. Facility / Owner Information**

County Vilas		WI Unique Well # of Removed Well MW21	Hicap #	Facility Name Tower Standard	
Latitude / Longitude (see instructions) N _____ W _____		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS)	
1/4 1/4 SE	1/4 SW	Section 30	Township 40 N	Range 05	Original Well Owner Tower Standard
Well Street Address 14627 State Highway 70 West		Well ZIP Code 54538		Present Well Owner Tower Standard	
Well City, Village or Town Lac du Flambeau		Well ZIP Code 54538		Mailing Address of Present Owner 14267 State Highway 70 West	
Subdivision Name		Lot #		City of Present Owner Lac du Flambeau	State WI
Reason for Removal from Service Completed Investigation		WI Unique Well # of Replacement Well		ZIP Code 54538	

3. Filled & Sealed Well / Drillhole / Borehole Information **4. Pump, Liner, Screen, Casing & Sealing Material**

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 11-3-15	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 14.55	Casing Diameter (in.) 2.07	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 4.55	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) 6.77	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Chips	Surface	14.55	0.5 sack	

6. Comments

7. Supervision of Work **DNR Use Only**

Name of Person or Firm Doing Filling & Sealing Gestra Engineering, Inc	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 10-22-19	Date Received	Noted By
Street or Route 191 W Edgerton Ave	Telephone Number (414) 933-7444	Comments		
City Milwaukee	State WI	ZIP Code 53207	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 10/24/19

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:
 Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information

County: Vilas
 WI Unique Well # of Removed Well: MW22
 Hicap #: _____

Latitude / Longitude (see instructions): _____ N _____ W
 Format Code: DD DDM
 Method Code: GPS008 SCR002 OTH001

1/4 SE or Gov't Lot #: _____ 1/4 SW
 Section: 30 Township: 40 N Range: 05 E W

Well Street Address: 14627 State Highway 70 West
 Well City, Village or Town: Lac du Flambeau Well ZIP Code: 54538
 Subdivision Name: _____ Lot #: _____

2. Facility / Owner Information

Facility Name: Tower Standard
 Facility ID (FID or PWS): _____
 License/Permit/Monitoring #: _____

Original Well Owner: Tower Standard
 Present Well Owner: Tower Standard
 Mailing Address of Present Owner: 14267 State Highway 70 West
 City of Present Owner: Lac du Flambeau State: WI ZIP Code: 54538

Reason for Removal from Service Completed Investigation: _____
 WI Unique Well # of Replacement Well: _____

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well
 Water Well
 Borehole / Drillhole

Original Construction Date (mm/dd/yyyy): 11-3-15
 If a Well Construction Report is available, please attach: _____

Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): _____

Formation Type:
 Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.): 14.46 Casing Diameter (in.): 2.07
 Lower Drillhole Diameter (in.): 8.25 Casing Depth (ft.): 4.46

Was well annular space grouted? Yes No Unknown
 If yes, to what depth (feet)? _____ Depth to Water (feet): 6.74

4. Pump, Liner, Screen, Casing & Sealing Material

Pump and piping removed? Yes No N/A
 Liner(s) removed? Yes No N/A
 Liner(s) perforated? Yes No N/A
 Screen removed? Yes No N/A
 Casing left in place? Yes No N/A

Was casing cut off below surface? Yes No N/A
 Did sealing material rise to surface? Yes No N/A
 Did material settle after 24 hours? Yes No N/A
 If yes, was hole retopped? Yes No N/A
 If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A

Required Method of Placing Sealing Material:
 Conductor Pipe-Gravity Conductor Pipe-Pumped
 Screened & Poured (Bentonite Chips) Other (Explain): _____

Sealing Materials:
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole

	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Chips	Surface	14.46	0.5 sack	

6. Comments

7. Supervision of Work

			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy)	Date Received	Noted By
Gestra Engineering, Inc		10-22-19		
Street or Route: 191 W Edgerton Ave		Telephone Number: (414) 933-7444	Comments	
City: Milwaukee	State: WI	ZIP Code: 53207	Signature of Person Doing Work: 	Date Signed: 10/24/19

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:

- Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information

County Vilas	WI Unique Well # of Removed Well MW19@35-40	Hicap #
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 SE 1/4 SW or Gov't Lot #	Section 30	Township 40 N
Well Street Address 14627 State Highway 70 West	Range 05	<input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well City, Village or Town Lac du Flambeau	Well ZIP Code 54538	
Subdivision Name	Lot #	

2. Facility / Owner Information

Facility Name Tower Standard		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner Tower Standard		
Present Well Owner Tower Standard		
Mailing Address of Present Owner 14267 State Highway 70 West		
City of Present Owner Lac du Flambeau	State WI	ZIP Code 54538

Reason for Removal from Service Completed Investigation WI Unique Well # of Replacement Well

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 11-5-15
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.
<input type="checkbox"/> Borehole / Drillhole	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) 40	Casing Diameter (in.) 2.07
Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 35
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet) 8.05

4. Pump, Liner, Screen, Casing & Sealing Material

Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Casing left in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Required Method of Placing Sealing Material	<input type="checkbox"/> Conductor Pipe-Gravity <input checked="" type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____
Sealing Materials	<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips
For Monitoring Wells and Monitoring Well Boreholes Only:	<input type="checkbox"/> Bentonite Chips <input checked="" type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole

	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<i>Bentonite - Cement Grout</i>	Surface	40	<i>9 Gallons</i>	<i>5/15 Bentonite 74 lbs Portland 8.5 gallons water</i>

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Gestra Engineering, Inc	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 10-22-19	DNR Use Only	
Street or Route 191 W Edgerton Ave	City Milwaukee	State WI	ZIP Code 53207	Date Received
Telephone Number (414) 933-7444	Signature of Person Doing Work <i>[Signature]</i>	Comments	Date Signed 10/24/19	Noted By

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information

County: Vilas

WI Unique Well # of Removed Well: MW22@35-40

Hicap #: _____

Latitude / Longitude (see instructions): _____ N _____ W

Format Code: DD DDM

Method Code: GPS008 SCR002 OTH001

1/4 SE 1/4 SW Section: 30 Township: 40 N Range: 05 E W

Well Street Address: 14627 State Highway 70 West

Well City, Village or Town: Lac du Flambeau Well ZIP Code: 54538

Subdivision Name: _____ Lot #: _____

Reason for Removal from Service: Completed Investigation

WI Unique Well # of Replacement Well: _____

2. Facility / Owner Information

Facility Name: Tower Standard

Facility ID (FID or PWS): _____

License/Permit/Monitoring #: _____

Original Well Owner: Tower Standard

Present Well Owner: Tower Standard

Mailing Address of Present Owner: 14267 State Highway 70 West

City of Present Owner: Lac du Flambeau State: WI ZIP Code: 54538

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well

Water Well

Borehole / Drillhole

Original Construction Date (mm/dd/yyyy): 11-3-15

If a Well Construction Report is available, please attach. _____

Construction Type: Drilled Driven (Sandpoint) Dug Other (specify): _____

Formation Type: Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.): 40 Casing Diameter (in.): 2.07

Lower Drillhole Diameter (in.): 8.25 Casing Depth (ft.): 34.5

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? _____ Depth to Water (feet): 8.05

4. Pump, Liner, Screen, Casing & Sealing Material

Pump and piping removed? Yes No N/A

Liner(s) removed? Yes No N/A

Liner(s) perforated? Yes No N/A

Screen removed? Yes No N/A

Casing left in place? Yes No N/A

Was casing cut off below surface? Yes No N/A

Did sealing material rise to surface? Yes No N/A

Did material settle after 24 hours? Yes No N/A

If yes, was hole retopped? Yes No N/A

If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A

Required Method of Placing Sealing Material: Conductor Pipe-Gravity Conductor Pipe-Pumped Screened & Poured (Bentonite Chips) Other (Explain): _____

Sealing Materials: Neat Cement Grout Concrete Sand-Cement (Concrete) Grout Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only: Bentonite Chips Bentonite - Cement Grout Granular Bentonite Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	40	9 Gallons	5lbs Bentonite 94lbs Portland 8.5 Gallons water

6. Comments

7. Supervision of Work

Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing: Gestra Engineering, Inc	License #: _____	Date of Filling & Sealing or Verification (mm/dd/yyyy): 10-22-19	Date Received: _____	Noted By: _____
Street or Route: 191 W Edgerton Ave		Telephone Number: (414) 933-7444	Comments: _____	
City: Milwaukee	State: WI	ZIP Code: 53207	Signature of Person Doing Work: _____	Date Signed: _____

Route To Solid Waste Haz. Waste Wastewater
Env. Response & Repair Underground Tanks Other

Facility/Project Name Tower Standard	Local Grid Location of Well Feet S. ___ Feet W. ___ Feet N. ___ Feet E. ___	Well Name MW-18
Facility License Permit or Monitoring Number	Grid Origin Location	Wis. Unique Well Number DNR Well Number
Type of Well Water Table Observation Well <input checked="" type="checkbox"/> 11 Piezometer <input type="checkbox"/> 12	Section Location of Waste/Source <input checked="" type="checkbox"/> E <input type="checkbox"/> W	Date Well Installed 11/3/15
Distance Well Is From Waste/Source Boundary Ft.	SE 1/4 of SW 1/4 of Sec. 30, T. 40 N, R. 05	Well Installed By (Person's Name and Firm) PSI - Joe Black
Is Well A Point of Enforcement Std. Application <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	

A. Protective pipe, top elevation _____ ft. MSL

B. Well casing, top elevation _____ ft. MSL

C. Land surface elevation _____ ft. MSL

D. Surface seal, bottom _____ ft. MSL or _____ ft.

12. USCS Classification of soil near screen:

GP GM GC GW SW SP
 SM SC ML MH CL CH
 Bedrock

13. Sieve analysis attached? Yes No

14. Drilling method used Rotary 50
Hollow Stem Auger 41
Other

15. Drilling fluid used: Water 02 Air 01
Drilling Mud 03 None 99

16. Drilling additives used? Yes No
Describe _____

17. Source of water (attach analysis):

E. Bentonite seal, top _____ ft. MSL or 0 ft.

F. Fine sand, top _____ ft. MSL or 5.41 ft.

G. Filter pack, top _____ ft. MSL or 6.41 ft.

H. Screen joint, top _____ ft. MSL or 7.41 ft.

I. Well bottom _____ ft. MSL or 17.41 ft.

J. Filter pack, bottom _____ ft. MSL or 17.41 ft.

K. Borehole, bottom _____ ft. MSL or 17.41 ft.

L. Borehole, diameter 8 in.

M. O.D. well casing 2.1 in.

N. I.D. well casing 1.9 in.

1. Cap and lock? Yes No
2. Protective cover pipe:
 - a. Inside diameter: _____ in.
 - b. Length: _____ ft.
 - c. Material: Steel 04
Other
- d. Additional protection? Yes No
If yes, describe: _____
3. Surface seal: Bentonite 30
Concrete 01
Other
4. Material between well casing and protective pipe: Bentonite 30
Annular space seal
Other
5. Annular space seal:
 - a. Granular Bentonite 33
 - b. _____ lbs/gal mud weight _____ Bentonite-sand slurry 35
 - c. _____ lbs/gal mud weight _____ Bentonite slurry 31
 - d. _____ % Bentonite _____ Bentonite-cement grout 50
 - e. 1.769 ft³ Volume added for any of the above
 - f. How installed: Tremie 01
Tremie pumped 02
Gravity 08
6. Bentonite seal:
 - a. Bentonite Granules 33
 - b. 1/4 in. 3/8 in. 1/2 in. Bentonite pellets 32
 - c. _____ Other
7. Fine sand material Manufacturer, product name and mesh size
a. #60 Red Flint
b. Volume added 0.327 ft³
8. Filter pack material: Manufacturer, product name and mesh size
a. #30 Red Flint
b. Volume added 3.27 ft³
9. Well casing: Flush threaded PVC schedule 40 23
Flush threaded PVC schedule 80 24
Other
10. Screen material: PVC
a. Screen type: Factory cut 11
Continuous slot 01
Other
- b. Manufacturer U.S. Filter
c. Slot size: _____ in.
d. Slotted length: 10 ft.
11. Backfill material (below filter Pack): None 14
Other

I hereby certify that the information on this form is true and correct to the best of my knowledge

Signature [Signature] Firm REI Engineering, Inc.
4080 N. 20th Ave.
Wausau, WI 54401

Please complete both sides of this form and return to the appropriate DNR office listed at the top of this form as required by chs. 144, 147 and 160 Wis. Stats. and ch NR 141, Wis. Ad. Code. In accordance with ch. 144 Wis. Stats., failure to file this form may result in a forfeiture of not less than \$10, nor more than \$5000 for each day of violation. In accordance with ch. 147 Wis. Stats., failure to file this form may result in a forfeiture of not more than \$10,000 for each day of violation. NOTE: Shaded areas are for DNR use only. see instructions for more information including where the completed form should be sent.

Route To Solid Waste Haz. Waste Wastewater
Env. Response & Repair Underground Tanks Other

Facility/Project Name Tower Standard	Local Grid Location of Well Feet S. ___ Feet W. ___ Feet N. ___ Feet E. ___	Well Name MW-19
Facility License Permit or Monitoring Number	Grid Origin Location	Wis. Unique Well Number DNR Well Number
Type of Well Water Table Observation Well <input checked="" type="checkbox"/> #1 Piezometer <input type="checkbox"/> #2	Section Location of Waste/Source <input checked="" type="checkbox"/> E	Date Well Installed 11/3/15
Distance Well Is From Waste/Source Boundary Ft.	SE 1/4 of SW 1/4 of Sec. 30, T. 40 N, R. 05 <input type="checkbox"/> W	Well Installed By (Person's Name and Firm) PSI - Joe Black
Is Well A Point of Enforcement Std. Application <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	

A. Protective pipe, top elevation _____ ft. MSL

B. Well casing, top elevation _____ ft. MSL

C. Land surface elevation _____ ft. MSL

D. Surface seal, bottom _____ ft. MSL or _____ ft.

1. Cap and lock? Yes No

2. Protective cover pipe:
a. Inside diameter: _____ in.
b. Length: _____ ft.
c. Material: Steel 04
Other
d. Additional protection? Yes No
If yes, describe: _____

3. Surface seal: Bentonite 30
Concrete 01
Other

4. Material between well casing and protective pipe:
Bentonite 30
Annular space seal
Other

5. Annular space seal:
a. Granular Bentonite 33
b. _____ lbs/gal mud weight _____ Bentonite-sand slurry 35
c. _____ lbs/gal mud weight _____ Bentonite slurry 31
d. _____ % Bentonite _____ Bentonite-cement grout 50
e. 1.485 ft³ Volume added for any of the above
f. How installed: Tremie 01
Tremie pumped 02
Gravity 08

6. Bentonite seal:
a. Bentonite Granules 33
b. 1/4 in. 3/8 in. 1/2 in. Bentonite pellets 32
c. _____ Other

7. Fine sand material Manufacturer, product name and mesh size
a. #60 Red Flint
b. Volume added 0.327 ft³

8. Filter pack material: Manufacturer, product name and mesh size
a. #30 Red Flint
b. Volume added 3.27 ft³

9. Well casing: Flush threaded PVC schedule 40 23
Flush threaded PVC schedule 80 24
Other

10. Screen material: PVC
a. Screen type: Factory cut 11
Continuous slot 01
Other
b. Manufacturer U.S. Filter
c. Slot size: _____ in.
d. Slotted length: 10 ft.

11. Backfill material (below filter Pack): None 14
Other

12. USCS Classification of soil near screen:

GP GM GC GW SW SP
SM SC ML MH CL CH
Bedrock

13. Sieve analysis attached? Yes No

14. Drilling method used Rotary 50
Hollow Stem Auger 41
Other

15. Drilling fluid used: Water 02 Air 01
Drilling Mud 03 None 99

16. Drilling additives used? Yes No
Describe _____

17. Source of water (attach analysis):

E. Bentonite seal, top _____ ft. MSL or 0 ft.

F. Fine sand, top _____ ft. MSL or 4.54 ft.

G. Filter pack, top _____ ft. MSL or 5.54 ft.

H. Screen joint, top _____ ft. MSL or 6.54 ft.

I. Well bottom _____ ft. MSL or 16.54 ft.

J. Filter pack, bottom _____ ft. MSL or 16.54 ft.

K. Borehole, bottom _____ ft. MSL or 16.54 ft.

L. Borehole, diameter 8 in.

M. O.D. well casing 2.1 in.

N. I.D. well casing 1.9 in.

I hereby certify that the information on this form is true and correct to the best of my knowledge

Signature [Signature] Firm REI Engineering, Inc.
4080 N. 20th Ave.
Wausau, WI 54401

Please complete both sides of this form and return to the appropriate DNR office listed at the top of this form as required by chs. 144, 147 and 160 Wis. Stats. and ch NR 141, Wis. Ad. Code. In accordance with ch. 144 Wis. Stats., failure to file this form may result in a forfeiture of not less than \$10, nor more than \$5000 for each day of violation. In accordance with ch. 147 Wis. Stats., failure to file this form may result in a forfeiture of not more than \$10,000 for each day of violation. NOTE: Shaded areas are for DNR use only. see instructions for more information including where the completed form should be sent.

Route To Solid Waste Haz. Waste Wastewater
Env. Response & Repair Underground Tanks Other

Facility/Project Name Tower Standard	Local Grid Location of Well Feet S. ___ Feet W. ___ Feet N. ___ Feet E. ___	Well Name MW-21
Facility License Permit or Monitoring Number	Grid Origin Location	Wis. Unique Well Number DNR Well Number
Type of Well Water Table Observation Well <input checked="" type="checkbox"/> 11 Piezometer <input type="checkbox"/> 12	Section Location of Waste/Source <input checked="" type="checkbox"/> B	Date Well Installed 11/3/15
Distance Well Is From Waste/Source Boundary Ft.	SE 1/4 of SW 1/4 of Sec. 30, T. 40 N; R. 05 <input type="checkbox"/> W	Well Installed By (Person's Name and Firm) PSI - Joe Black
Is Well A Point of Enforcement Std. Application <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	

A. Protective pipe, top elevation _____ ft. MSL

B. Well casing, top elevation _____ ft. MSL

C. Land surface elevation _____ ft. MSL

D. Surface seal, bottom _____ ft. MSL or _____ ft.

1. Cap and lock? Yes No

2. Protective cover pipe:
a. Inside diameter: _____ in.
b. Length: _____ ft.
c. Material: Steel 04
Other
d. Additional protection? Yes No
If yes, describe: _____

3. Surface seal: Bentonite 30
Concrete 01
Other

4. Material between well casing and protective pipe:
Bentonite 30
Annular space seal
Other

5. Annular space seal:
a. Granular Bentonite 33
b. _____ Lbs/gal mud weight _____ Bentonite-sand slurry 35
c. _____ Lbs/gal mud weight _____ Bentonite slurry 31
d. _____ % Bentonite _____ Bentonite-cement grout 50
e. 0.834 ft³ Volume added for any of the above
f. How installed: Tremie 01
Tremie pumped 02
Gravity 08

6. Bentonite seal:
a. Bentonite Granules 33
b. 1/4 in. 3/8 in. 1/2 in. Bentonite pellets 32
c. _____ Other

7. Fine sand material Manufacturer, product name and mesh size
a. #60 Red Flint
b. Volume added 0.327 ft³

8. Filter pack material: Manufacturer, product name and mesh size
a. #30 Red Flint
b. Volume added 3.27 ft³

9. Well casing: Flush threaded PVC schedule 40 23
Flush threaded PVC schedule 80 24
Other

10. Screen material: PVC
a. Screen type: Factory cut 11
Continuous slot 01
Other
b. Manufacturer U.S. Filter
c. Slot size: _____ in.
d. Slotted length: 10 ft.

11. Backfill material (below filter Pack): None 14
Other

12. USCS Classification of soil near screen:

GP GM GC GW SW SP
SM SC ML MH CL CH
Bedrock

13. Sieve analysis attached? Yes No

14. Drilling method used Rotary 50
Hollow Stem Auger 41
Other

15. Drilling fluid used: Water 02 Air 01
Drilling Mud 03 None 99

16. Drilling additives used? Yes No
Describe _____

17. Source of water (attach analysis): _____

E. Bentonite seal, top _____ ft. MSL or 0 ft.

F. Fine sand, top _____ ft. MSL or 2.55 ft.

G. Filter pack, top _____ ft. MSL or 3.55 ft.

H. Screen joint, top _____ ft. MSL or 4.55 ft.

I. Well bottom _____ ft. MSL or 14.55 ft.

J. Filter pack, bottom _____ ft. MSL or 14.55 ft.

K. Borehole, bottom _____ ft. MSL or 14.55 ft.

L. Borehole, diameter 8 in.

M. O.D. well casing 2.1 in.

N. I.D. well casing 1.9 in.

I hereby certify that the information on this form is true and correct to the best of my knowledge

Signature [Signature] Firm REI Engineering, Inc.
4080 N. 20th Ave.
Wausau, WI 54407

Please complete both sides of this form and return to the appropriate DNR office listed at the top of this form as required by chs. 144, 147 and 180 Wis. Stats. and ch NR 141, Wis. Ad. Code. In accordance with ch. 144 Wis. Stats., failure to file this form may result in a forfeiture of not less than \$10, nor more than \$5000 for each day of violation. In accordance with ch. 147 Wis. Stats., failure to file this form may result in a forfeiture of not more than \$10,000 for each day of violation. NOTE: Shaded areas are for DNR use only. see Instructions for more information including where the completed form should be sent.

Route To Solid Waste Haz. Waste Wastewater
Env. Response & Repair Underground Tanks Other

Facility/Project Name Tower Standard	Local Grid Location of Well Feet S. ___ Feet W. ___ Feet N. ___ Feet E. ___	Well Name MW-22
Facility License Permit or Monitoring Number	Grid Origin Location	Wis. Unique Well Number DNR Well Number
Type of Well Water Table Observation Well <input checked="" type="checkbox"/> 11 Piezometer <input type="checkbox"/> 12	Section Location of Waste/Source <input checked="" type="checkbox"/> B	Date Well Installed 11/4/15
Distance Well Is From Waste/Source Boundary Ft.	SE 1/4 of SW 1/4 of Sec. 30 T. 40 N. R. 05 <input type="checkbox"/> W	Well Installed By (Person's Name and Firm) PSI - Joe Black
Is Well A Point of Enforcement Std. Application <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	

A. Protective pipe, top elevation _____ ft. MSL

B. Well casing, top elevation _____ ft. MSL

C. Land surface elevation _____ ft. MSL

D. Surface seal, bottom _____ ft. MSL or _____ ft.

1. Cap and lock? Yes No

2. Protective cover pipe:
a. Inside diameter: _____ in.
b. Length: _____ ft.
c. Material: Steel 04
Other
d. Additional protection? Yes No
If yes, describe: _____

3. Surface seal: Bentonite 30
Concrete 01
Other

4. Material between well casing and protective pipe:
Bentonite 30
Annular space seal
Other

5. Annular space seal:
a. Granular Bentonite 33
b. _____ Lbs/gal mud weight Bentonite-sand slurry 35
c. _____ Lbs/gal mud weight Bentonite slurry 31
d. _____ % Bentonite Bentonite-cement grout 50
e. 0.804 ft³ Volume added for any of the above
f. How Installed: Tremie 01
Tremie pumped 02
Gravity 08

6. Bentonite seal:
a. Bentonite Granules 33
b. 1/4 in. 3/8 in. 1/2 in. Bentonite pellets 32
c. _____ Other

7. Fine sand material Manufacturer, product name and mesh size
a. #60 Red Flint
b. Volume added 0.327 ft³

8. Filter pack material: Manufacturer, product name and mesh size
a. #30 Red Flint
b. Volume added 3.27 ft³

9. Well casing: Flush threaded PVC schedule 40 23
Flush threaded PVC schedule 80 24
Other

10. Screen material: PVC
a. Screen type: Factory cut 11
Continuous slot 01
Other
b. Manufacturer U.S. Filter
c. Slot size: _____ in.
d. Slotted length: 10 ft.

11. Backfill material (below filter Pack): None 14
Other

12. USCS Classification of soil near screen:
GP GM GC GW SW SP
SM SC ML MH CL CH
Bedrock

13. Sieve analysis attached? Yes No

14. Drilling method used Rotary 50
Hollow Stem Auger 41
Other

15. Drilling fluid used: Water 02 Air 01
Drilling Mud 03 None 99

16. Drilling additives used? Yes No
Describe _____

17. Source of water (attach analysis): _____

E. Bentonite seal, top _____ ft. MSL or 0 ft.

F. Fine sand, top _____ ft. MSL or 2.46 ft.

G. Filter pack, top _____ ft. MSL or 3.46 ft.

H. Screen joint, top _____ ft. MSL or 4.46 ft.

I. Well bottom _____ ft. MSL or 14.46 ft.

J. Filter pack, bottom _____ ft. MSL or 14.46 ft.

K. Borehole, bottom _____ ft. MSL or 14.46 ft.

L. Borehole, diameter 8 in.

M. O.D. well casing 2.1 in.

N. I.D. well casing 1.9 in.

I hereby certify that the information on this form is true and correct to the best of my knowledge

Signature [Signature] Firm REI Engineering, Inc.
4080 N. 20th Ave.
Wausau, WI 54407

Please complete both sides of this form and return to the appropriate DNR office listed at the top of this form as required by chs. 144, 147 and 160 Wis. Stats. and ch NR 141, Wis. Ad. Code. In accordance with ch. 144 Wis. Stats., failure to file this form may result in a forfeiture of not less than \$10, nor more than \$5000 for each day of violation. In accordance with ch. 147 Wis. Stats., failure to file this form may result in a forfeiture of not more than \$10,000 for each day of violation. NOTE: Shaded areas are for DNR use only. see instructions for more information including where the completed form should be sent.

Route To Solid Waste Haz. Waste Wastewater
Env. Response & Repair Underground Tanks Other

Facility/Project Name Tower Standard	Local Grid Location of Well ____ Feet S. ____ Feet W. ____ Feet N. ____ Feet E	Well Name MW-22 at 35-40ft
Facility License Permit or Monitoring Number	Grid Origin Location	Wis. Unique Well Number DNR Well Number
Type of Well Water Table Observation Well <input checked="" type="checkbox"/> 11 Piezometer <input type="checkbox"/> 12	Section Location of Waste/Source <input checked="" type="checkbox"/> E	Date Well Installed 11/3/15
Distance Well Is From Waste/Source Boundary Ft.	SE 1/4 of SW 1/4 of Sec. 30, T. 40 N., R. 05 <input type="checkbox"/> W	Well Installed By (Person's Name and Firm) GESTRA - Bryan
Is Well A Point of Enforcement Std. Application <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	

A. Protective pipe, top elevation _____ ft. MSL
B. Well casing, top elevation _____ ft. MSL
C. Land surface elevation _____ ft. MSL
D. Surface seal, bottom _____ ft. MSL or _____ ft.

12. USCS Classification of soil near screen:
GP GM GC GW SW SP
SM SC ML MH CL CH
Bedrock

13. Sieve analysis attached? Yes No

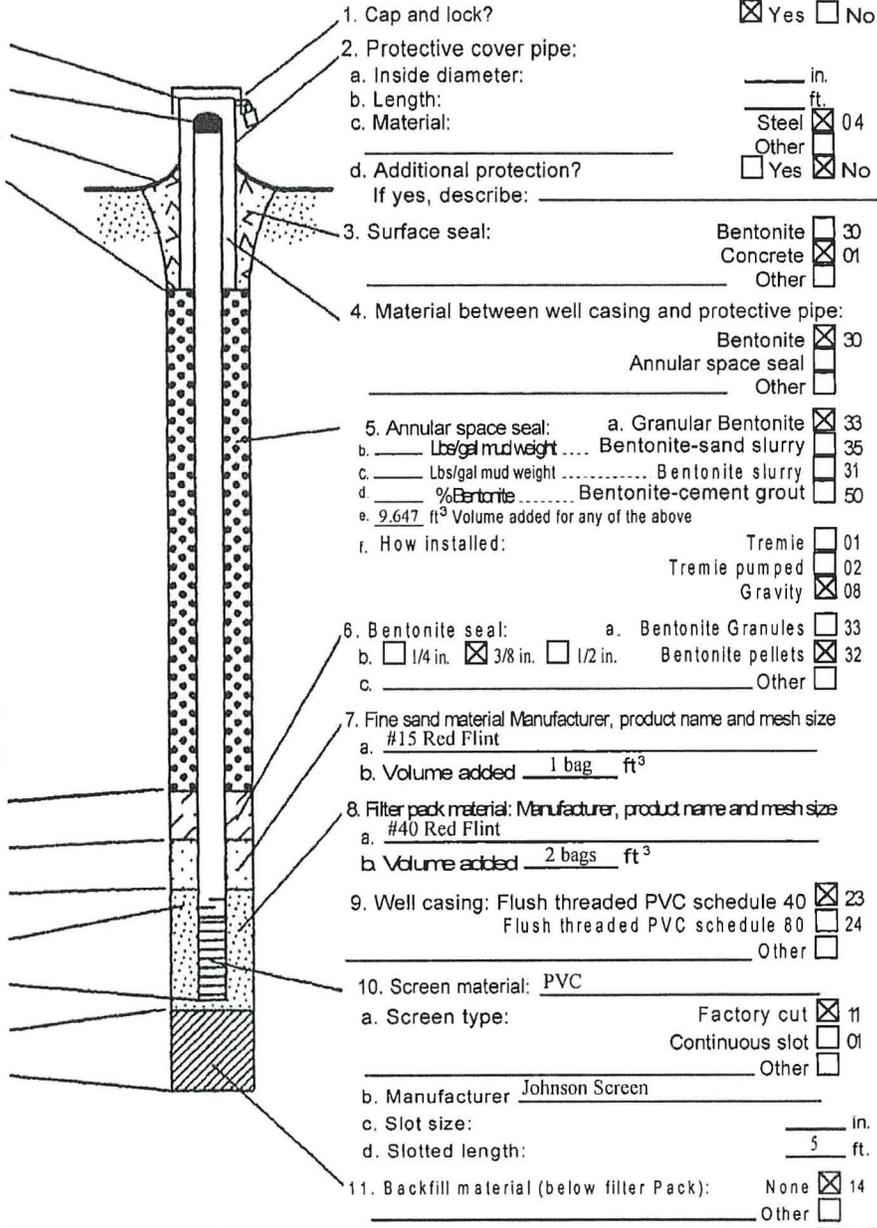
14. Drilling method used
Rotary 60
Hollow Stem Auger 41
Other

15. Drilling fluid used: Water 02 Air 01
Drilling Mud 03 None 99

16. Drilling additives used? Yes No
Describe _____

17. Source of water (attach analysis):

E. Bentonite seal, top _____ ft. MSL or 1.00 ft.
F. Fine sand, top _____ ft. MSL or 30.5 ft.
G. Filter pack, top _____ ft. MSL or 32.5 ft.
H. Screen joint, top _____ ft. MSL or 34.5 ft.
I. Well bottom _____ ft. MSL or 39.5 ft.
J. Filter pack, bottom _____ ft. MSL or 40.00 ft.
K. Borehole, bottom _____ ft. MSL or 40.00 ft.
L. Borehole, diameter 8 in.
M. O.D. well casing 2.1 in.
N. I.D. well casing 1.9 in.



1. Cap and lock? Yes No

2. Protective cover pipe:
a. Inside diameter: _____ in.
b. Length: _____ ft.
c. Material: Steel 04
Other
d. Additional protection? Yes No
If yes, describe: _____

3. Surface seal:
Bentonite 30
Concrete 01
Other

4. Material between well casing and protective pipe:
Bentonite 30
Annular space seal
Other

5. Annular space seal:
a. Granular Bentonite 33
b. _____ Lbs/gal mud weight _____ Bentonite-sand slurry 35
c. _____ Lbs/gal mud weight _____ Bentonite slurry 31
d. _____ % Bentonite _____ Bentonite-cement grout 50
e. 9.647 ft³ Volume added for any of the above
f. How installed: Tremie 01
Tremie pumped 02
Gravity 08

6. Bentonite seal:
a. Bentonite Granules 33
b. 1/4 in. 3/8 in. 1/2 in. Bentonite pellets 32
c. _____ Other

7. Fine sand material Manufacturer, product name and mesh size
a. #15 Red Flint
b. Volume added 1 bag ft³

8. Filter pack material: Manufacturer, product name and mesh size
a. #40 Red Flint
b. Volume added 2 bags ft³

9. Well casing: Flush threaded PVC schedule 40 23
Flush threaded PVC schedule 80 24
Other

10. Screen material: PVC
a. Screen type: Factory cut 11
Continuous slot 01
Other
b. Manufacturer Johnson Screen
c. Slot size: _____ in.
d. Slotted length: 5 ft.

11. Backfill material (below filter Pack): None 14
Other

I hereby certify that the information on this form is true and correct to the best of my knowledge

Signature Abdul Course Firm REI Engineering, Inc.
4080 N. 20th Ave.
Wausau, WI 54401

Please complete both sides of this form and return to the appropriate DNR office listed at the top of this form as required by chs. 144, 147 and 160 Wis. Stats. and ch NR 141, Wis. Ad. Code. In accordance with ch. 144 Wis. Stats., failure to file this form may result in a forfeiture of not less than \$10, nor more than \$5000 for each day of violation. In accordance with ch. 147 Wis. Stats., failure to file this form may result in a forfeiture of not more than \$10,000 for each day of violation. NOTE: Shaded areas are for DNR use only. see instructions for more information including where the completed form should be sent.

Route To Solid Waste Haz. Waste Wastewater
Env. Response & Repair Underground Tanks Other

Facility/Project Name Tower Standard	Local Grid Location of Well ____ Feet S. ____ Feet W. ____ Feet N. ____ Feet E	Well Name MW-19 at 35-40ft
Facility License Permit or Monitoring Number	Grid Origin Location	Wis. Unique Well Number DNR Well Number
Type of Well Water Table Observation Well <input checked="" type="checkbox"/> 1 Piezometer <input type="checkbox"/> 2	Section Location of Waste/Source <input checked="" type="checkbox"/> E	Date Well Installed 11/5/15
Distance Well Is From Waste/Source Boundary Ft.	SE 1/4 of SW 1/4 of Sec. 30 T. 40 N. R. 05 <input type="checkbox"/> W	Well Installed By (Person's Name and Firm) GESTRA - Bryan
Is Well A Point of Enforcement Std. Application <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	

A. Protective pipe, top elevation _____ ft. MSL
B. Well casing, top elevation _____ ft. MSL
C. Land surface elevation _____ ft. MSL
D. Surface seal, bottom _____ ft. MSL or _____ ft.

12. USCS Classification of soil near screen:
GP GM GC GW SW SP
SM SC ML MH CL CH
Bedrock

13. Sieve analysis attached? Yes No

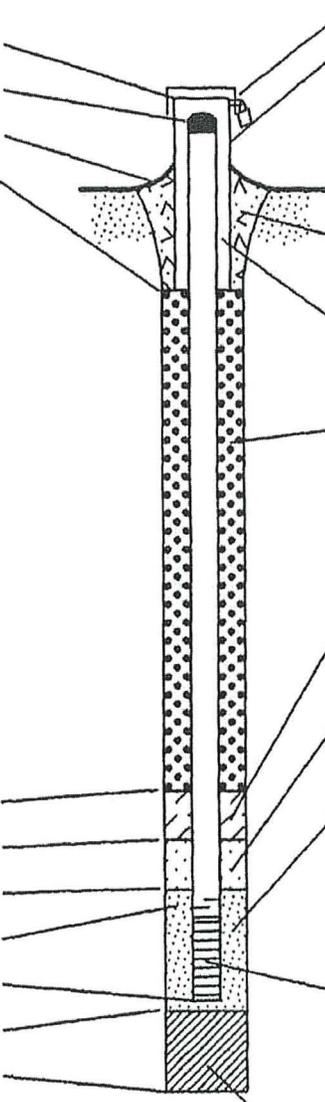
14. Drilling method used
Rotary 50
Hollow Stem Auger 41
Other

15. Drilling fluid used: Water 02 Air 01
Drilling Mud 03 None 99

16. Drilling additives used? Yes No
Describe 40 Gallons Water Added

17. Source of water (attach analysis):
Town of Minocqua

E. Bentonite seal, top _____ ft. MSL or 0 ft.
F. Fine sand, top _____ ft. MSL or 31.00 ft.
G. Filter pack, top _____ ft. MSL or 33.00 ft.
H. Screen joint, top _____ ft. MSL or 35.00 ft.
I. Well bottom _____ ft. MSL or 40.00 ft.
J. Filter pack, bottom _____ ft. MSL or 40.00 ft.
K. Borehole, bottom _____ ft. MSL or 40.00 ft.
L. Borehole, diameter 8 in.
M. O.D. well casing 2.1 in.
N. I.D. well casing 1.9 in.



1. Cap and lock? Yes No

2. Protective cover pipe:
a. Inside diameter: _____ in.
b. Length: _____ ft.
c. Material: Steel 04
Other
d. Additional protection? Yes No
If yes, describe: _____

3. Surface seal: Bentonite 30
Concrete 01
Other

4. Material between well casing and protective pipe:
Bentonite 30
Annular space seal
5 bags _____ Other

5. Annular space seal:
a. Granular Bentonite 33
b. _____ Lbs/gal mud weight _____ Bentonite-sand slurry 35
c. _____ Lbs/gal mud weight _____ Bentonite slurry 31
d. 5 % Bentonite _____ Bentonite-cement grout 50
e. 8.69 ft³ Volume added for any of the above
f. How installed: Tremie 01
Tremie pumped 02
Gravity 08

6. Bentonite seal:
a. Bentonite Granules 33
b. 1/4 in. 3/8 in. 1/2 in. Bentonite pellets 32
c. _____ Other

7. Fine sand material Manufacturer, product name and mesh size
a. #15 Red Flint
b. Volume added 1 bag ft³

8. Filter pack material: Manufacturer, product name and mesh size
a. #40 Red Flint
b. Volume added 1 1/2 bags ft³

9. Well casing: Flush threaded PVC schedule 40 23
Flush threaded PVC schedule 80 24
Other

10. Screen material: PVC
a. Screen type: Factory cut 11
Continuous slot 01
Other
b. Manufacturer Johnson Screen
c. Slot size: _____ in.
d. Slotted length: 5 ft.

11. Backfill material (below filter Pack): None 14
Other

I hereby certify that the information on this form is true and correct to the best of my knowledge

Signature [Signature] Firm REI Engineering, Inc.
4080 N. 20th Ave.
Wausau, WI 54401

Please complete both sides of this form and return to the appropriate DNR office listed at the top of this form as required by chs. 144, 147 and 160 Wis. Stats. and ch NR 141, Wis. Ad. Code. In accordance with ch. 144 Wis. Stats., failure to file this form may result in a forfeiture of not less than \$10, nor more than \$5000 for each day of violation. In accordance with ch. 147 Wis. Stats., failure to file this form may result in a forfeiture of not more than \$10,000 for each day of violation. NOTE: Shaded areas are for DNR use only. see instructions for more information including where the completed form should be sent.